A.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINI (check or 21b 27	E NUMBER: PAGE 404 / 407
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	, , , ,	· ·
NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLIT	ΓΙCAL ACTION COMMITTEE (a.k.a.	Medco Health PAC)
Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Mailing Address PO BOX 3176		Transaction ID: EXPB102812 Date of Disbursement O 8
	State Zip Code NJ 07740	Amount of Each Disbursement this Period 2500.00
Candidate Name FRANK PALLONE, JR	Category/ Type	
Office Sought: X House Senate President State: NJ Disburse	ment For: 2012 Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)		2500.00
TOTAL This Period (last page this line number only)	<u> </u>	13500.00